26 July – 1 September 2010
Trip Report

Ethiopia
DR Congo
South Africa
Germany

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Executive Director - Mama Makeka House of Hope
Global Church Advocate - Mennonite World Conference

Travel Calendar

Ethiopia: 26 July - 11 August 2010

Democratic Republic of Congo: 12- 24 August 2010

South Africa: 25 – 29 August 2010

Germany: 30 August- 1 September 2010

Main Objectives of the Trip

1. *Mennonite World Conference Related Agenda in Ethiopia*

- Attend the annual meeting of the Mennonite World Conference Executive Committee, report on Global Anabaptist Service Consultation, and present a concept paper on Healing and Learning from Memories Project.
- Co-facilitate the Global Anabaptist Service Consultation gathering of Anabaptist related service entities/agencies.

2. *Mama Makeka House of Hope Related Agenda In the Democratic Republic of Congo*

- Continue on-site planning of Maluku International Center for Professional Resourcing – Develop a map of the property.
- Meet with the Kinshasa team responsible for follow up of primary and secondary education consultation to monitor progress.
- Meet with Pascal Kulungu to discuss progress made in printing training material for peace building workshops.
- Meet with Kajiji local authorities (church, government, village, etc) and community organizations to update them and receive their feedback on the results of the Denver Dream Team meeting.
- Visit several health centers of the Kajiji Health Zone to gain a better understanding of their current status and evaluate ways that MH Hope could support them.
- Begin the mapping process of the Kajiji Health Zone.
- Meet with the Kajiji Health Zone coordinating staff (Health Zone Medical Director, Hospital Medical Director, Health Zone and Hospital Administrators, Health Zone Nurse Supervisor) to gain a better understanding of the current situation of the Health Zone, collect annual statistics, and discuss possibilities of MMH Hope future involvement.
- Explore ways in which Mama Makeka House of Hope could stimulate economic development for the region.

3. *In South Africa*

- Organize two nights and three days of Safari in Kruger National Park for the team to rest.
- Take time to reflect and conduct final debriefing on the Congo journey.

4. *In Germany*

- Take time to rest after long travel and before another long journey back to North America
- Conduct Final debriefing with Larry Miller, MWC General Secretary on MWC agenda and future involvement.

Team Members – Democratic Republic of Congo

From North America

Reg Toews – Steinbach, Manitoba Canada
Phyllis Toews - Steinbach, Manitoba Canada
Joanne Schmidt Lepp – Regina, Saskatchewan, Canada
Richard Lepp - Regina, Saskatchewan, Canada
Pakisa Tshimika – Fresno, CA

From Europe

Bastian Gegenheimer – Remchingen, Germany

From Kinshasa

Maurice Matsitsa

From Rome, Italy

Tshiseleka Albert, Congolese Ambassador to Italy

Both Reg and Phyllis participated in the Mama Makeka House of Hope Dream Team meeting in Denver prior to traveling to Congo. Their participation at Denver meeting provided an excellent background in assisting me process what we were seeing, hearing, and observing especially while in Kajiji. Besides traveling together on MMH Hope agenda, I also worked with Reg and Phyllis in organizing and facilitating the Mennonite World Conference sponsored Global Anabaptist Service Consultation in Addis Ababa.

Joanne spent her early childhood in Kajiji where her father was a physician. This trip was the first time she was returning to a place she called home for 5 years after fifty years of absence. Besides assisting with the visits of the health centers, the trip provided her an occasion to introduce her husband Richard to her childhood home and evaluate together possibilities of future involvement. In Canada they are involved in government prayer, healing of the land and reconciliation of people groups.

Bastian is a student in Germany with incredible skills in photography and social network media. We met in April 2010 during one of my international travels and we discussed about the possibility of Bastian one day accompanying me to Congo. When opportunity presented for a travel to Congo in August 2010, he decided to join us and lead our team in the mapping process of the Kajiji Health Zone.

Maurice is our liaison person in Kinshasa. He also manages MMH Hope finances and administrative coordination in Congo.

Tshiseleka Albert, now the Congolese Ambassador to Italy and I grew up together in Kajiji, went to high together in Kikwit, and we also worked together in the Health and Development Department of the Congo Mennonite Brethren Conference. He had just lost his wife in Italy, was in Congo for her burial and wanted to accompany our team to Kajiji.

Our travel to and from Kajiji was made possible by Mission Aviation Fellowship (MAF) that provided us the pilot and the aircraft. We were very thankful for their service, for the past as well as for August 2010.

Mennonite World Conference Related Agenda in Addis Ababa

When I ended my administrative responsibilities as Associate General Secretary for Mennonite World Conference in December 2009, I agreed to serve as MWC Global Church Advocate. As such, I agreed to give leadership to two projects that seemed to be a good match with my gifts and for which I had been engaged with great passion while serving as Associate General Secretary – Healing and Learning from Memories and Global Anabaptist Service Consultation. This section of my report is in regard to those two projects.

1. Presentation of Healing and Learning from Memories Concept Paper

In 2009 the Mennonite World Conference Officers asked me to lead a process of developing a concept paper on healing and learning from memories. I worked with another colleague Tim Lind, now living in Kinshasa. We worked with the assumption that through our history as a communion there have been many occasions when our unity has been strengthened by acts of love, commitment and sharing. We also believe that it is inevitable that, as we have related to each other over time and distance, and across cultural, language, power and economic divides, that there have also been many times when we have – through omission or commission, deliberately or unknowingly – caused injury to each other. Our unity as a communion and our witness in the world will be stronger if we can also address, learn from, and heal these internal memories.

It has also been our observation from working with the Mennonite World Conference member churches during these past 12 years that when Mennonites and Brethren in Christ members meet under MWC sponsored events they feel vulnerable and yet safe. Power becomes less important and the desire for unity dominates. All members feel more equal in spite of the economic divides. It has been therefore our strong conviction that Mennonite World Conference could play a useful role in this process by adapting what it has learned from the inter-communion dialogues (with the Catholics, Lutherans, Baptist, etc) to fit the intra-communion "healing of memories" conversations that await us.

Our recommendation to the Executive Committee in Addis Ababa was for Mennonite World Conference to create safe spaces for conversations leading to the healing of past wounds among and within MWC member churches. We suggested that the journey should involve healing wounds, redeeming the past, celebrating that which is life giving, and lying to rest that which is destructive. These safe spaces will be Biblically and theologically grounded, and could include two themes that will lead the participants in the healing journey: ***witnessing*** – where painful memories are addressed and silences are broken; and the ***telling of the stories*** – where truth telling will produce a narrative that will lead to healing, a better future, and better relationships.

The Executive Committee approved the concept paper and asked my colleague Tim and I to develop a more detailed implementation plan to be presented to MWC Officers in January 2011.

2. Co-Facilitating MWC Global Anabaptist Service Consultation

The first Global Anabaptist Service Consultation was held in Pasadena in 2006. It was recommended at the end of the consultation that MWC commit to a process of serious dialogue, action, and prayer on the theme of diaconal among Anabaptist related churches. One specific suggestion was the creation of an ongoing forum on diaconal and service.

The Task Force that was organized to follow up on Pasadena consultation also affirmed the possibility of developing an ongoing space or structure for service related agencies, organizations, and institutions to

work on common questions, issues, and program. I was asked in 2009 to provide leadership in organizing the next consultation. It was also decided that the next consultation would be organized in conjunction with MWC Executive Committee meeting in 2010. Addis Ababa was chosen as the location for the meeting as well as the service consultation.

The primary purpose of the Addis Ababa consultation was to deliberate further on the issue of whether there is actually an interest in the development of a global forum, or network or entity where MWC member churches and related entities could work together on common questions, concerns and programs. The organizing team agreed on the following theme for the consultation: "***Coming Together in the Way of Jesus Christ for Service in Church and the World"***

The results of the consultation were summarized in two documents: Agreed upon next steps and statement of affirmation. Following is an integral text of the statement of affirmation. I decided to include it in the body of the report because of its historical nature. I still get goose bumps each time I think of the result of this consultation. This statement is also an expression of a people showing the will and desire to work together and leaving their differences behind. The other document is included on page 16 as attachment to this report.

> *We as representatives of Anabaptist service agencies, churches and departments meeting in Addis Ababa, Ethiopia, 6 – 9 August 2010, agree:*
>
> - *To provide a space or entity under MWC auspices in which every member relates in an interdependent way in order to more effectively serve the church and the world.*
> - *To support this space or entity with our finances, personnel, gifts, and skills.*
> - *To affirm global ownership and equal accessibility to North and South.*
> - *To sustain both local and global church connections for effective relationship and ministry.*
> - *To maintain each agency's identity and autonomy-in-communion.*
> - *To build accountability and transparency at all levels; local, national, and global.*
>
> *We acknowledge with gratitude the commitments of each entity that has made possible this consultation and its dedication to serve the global church.*
>
> *We acknowledge with gratitude the commitments of MCC, and MCC's openness to receive counsel. We appreciate its willingness to be a full participant in these ongoing global developments.*

I was personally impressed by the way all participants worked together no matter what size of the organization they represented. That spirit was expressed by one of the participants from Latin America when he said:

> *"It is good for us to be around one table together as a diverse family. Just as we affirm that we are making decisions as equals, we also affirm that we want to contribute material support, as equals."*

A Provisional Task Force was organized by Mennonite World Conference to carry on the results of the consultation as well as plan another consultation in 2012. The Provisional Task Force is composed on one member from each continental region and one representing Mennonite World Conference. I have been invited to represent MWC on the Provisional Task Force as well as to be its Chair/Facilitator.

MMH Hope Related Agenda in the Democratic Republic of Congo

1. Maluku Property for Center for Professional Resourcing

We spent one day in Maluku where I introduced the property to the team and discussed ways we could position the different buildings that will make up the International Center for Professional Resourcing. Bastian walked along the borders of the property with a GPS for mapping purposes. He was later able to download the information on Google Earth. If you double click on the link below you will be able to see the location and the different pictures that Bastian took of the property. You must be connected to internet in order to view the location and the pictures of the property.

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The mapping process provides a security for the property, however, we were advised to still work at assuring full security of the property by placing poles with barbwires all around the property as well as to build a small house where a sentinel will live and be present on a regular basis otherwise there is a danger for neighbors to steal parts of the property. It was estimated that $7,500 would be enough to purchase the remaining poles, barbwires and building a small house with wood which is abundant in Maluku.

2. Follow up on Consultation on Education

I had hoped to meet with the members of the local coordination team with whom I had worked in organizing the Consultation on Education for the three Mennonite Churches in Congo. Unfortunately the leader of the committee had other commitment in one of the provinces and needed to leave the day after my arrival. We had agreed to meet soon after my arrival, but due to a technical problem with Ethiopian Airlines aircraft in Brazzaville, we ended up arriving much later than expected so I cancelled the meeting. We will meet during the next trip to Congo. In the meantime we will correspond by e-mail.

3. Meeting with Pascal Kulungu on Center for Leadership, Peacebuilding, and Good Governance

Pascal was doing well when we met in Kinshasa. We used every occasion we had to discuss about the work of the Center for Leadership, Peacebuilding, and Good Governance. One of his concerns for the past couple of years had been the development of training material. Mama Makeka House of Hope received a financial contribution toward assisting the center print a series of modules for use during workshops and conferences. Pascal's intention was also to sell these modules as income generation for the center. When we met, Pascal reported that the cost of printing the same modules had doubled from the initial price he was first quoted. We discussed the possibility of investing in a high quality printer/copier then do a desktop publishing. By doing so, the center would only print the needed quantity for a workshop or sale. Pascal was to explore that option after our meeting.

I was also informed about the project of establishing a Peace University for Congo by several individuals and Peace NGO's. The lack of infrastructure and solid financial basis were slowing down the process. However, Pascal indicated that the group of initiators of the university had decided to go ahead and start even without guarantee of strong financial support. They first tried at the Christian University of Kinshasa but were asked to move elsewhere because they were not able to respect their financial commitment. The university was moved to another location in Kinshasa. I will provide an update on this development in my future reports.

4. Kajiji Visit

➢ **Meeting with local leaders**

I requested before traveling to Kajiji that we would meet soon after our arrival with as many local leaders as possible. I was positively surprised by the response. All levels of local regional leadership were present to welcome us as well as to attend the meeting I had requested beforehand. The participants included the chief of police, the mayor of Kulindji, Head of the county, regional chief of security, regional head of the primary and secondary school district, the Congolese Ambassador to Italy, Kajiji Mennonite Brethren Conference Coordinator, Kajiji Parish Senior and Assistant pastors, representatives of women associations, and my team. Missing were the Senator who is also one of the Tribal Chiefs for the region who excused himself because he was called to attend an urgent a regional meeting 90 Km from Kajiji, and the head of the Catholic Church who was busy with a visiting Bishop of the diocese.

Our meeting focused on introducing the team traveling with me and the purpose of our presence in the region. We spent a good deal of time talking about the importance of collaboration between all parties in the region – church, government, civil society, community development groups, and outside partners interested in investing in the community. The discussion was very positive. One of the government leaders asked for forgiveness on behalf of all the government structures for any inconvenience our present or past team had experienced.

The issues of communication or a lack of with the rest of the country and the world was raised as a big impediment for social and economic development for this region. Reg shared about how the same topic had been raised in Denver as an issue of concern. The Ambassador Tshiseleka and I agreed that we will have a meeting with the Senator where the communication issue will be one of the agenda items for our discussion.

Another topic of critical interest for the regional economic development was regarding the official reopening of the border with Angola. The Kajiji Health Zone shares 180 Km of the Congolese side with Angola. Many participants at the meeting recalled about many years of economic exchanges between Congo and Angola. Many recalled about how many Portuguese merchants used to have stores in the region and how people did not depend on Kinshasa for manufactured goods. These exchanges had gone on until the early 70's. It was agreed again that the Ambassador and I would discuss it with the Senator. The point that was made was to ask him to introduce a request at the national level for official reopening of the Congo/Angola border just like in Eastern Congo with Rwanda and Burundi; Equateur with Central African Republic; Katanga with Zambia; and Bas Congo with Angola just to mention a few examples. It was also observed that even for reaching the ports for import or export, Luanda was much easier to reach than Boma or Matadi for the folks living in Kajiji region, especially since the bridge between Kajiji and the Angolan border was repaired.

"Can we have more of these kinds of meetings each time you come back?" someone asked at the end of the meeting. The idea of an economic development conference for the region was discussed. We agreed to share the idea with others who are originally from Kajiji but who no longer live in the region.

➢ **Nice Surprises and Discoveries**

There seems to be an awakening among the Kajiji population to engage in activities that will contribute to improving the quality of lives of the population of the Kajiji region. Several encouraging things that I observed:

a. **Association of Motorcycle Transporters:** There are 25 young people from Kajiji region who have organized themselves in one association that assures transportation of goods and people within the region as well as to and from Angola on motorcycles. The bridge that was an impediment for many years between Angola and Congo has been repaired now, thus making it possible for motorcycles and even vehicles in the future to travel between the two countries. Transporters from Angola are coming as far as close as 50 Km from Kajiji but cannot cross the border because there is not yet official border crossing services.

b. **Association of Entrepreneurial Women:** They are divided into economic and social sectors – palm oil making, agricultural production, chicken production, nutrition rehabilitation for malnourished children, care of orphans, etc.

c. **Volunteer Youth Association:** These young people are working on fixing and building roads. They are also involved in other activities I did not have time to explore during this trip.

- **Sweet Visit from Bishop Mayamba of the Popokabaka Diocese**

The Catholic Bishop Mayamba of the Popokabaka Diocese was visiting several congregations near Kajiji when he heard that I had been visiting Kajiji. He had sent me an invitation to attend a mass he was conducting 7 Km from Kajiji but unfortunately the invitation arrived a couple of hours after the service already started. He therefore decided to visit me before he left the region. It was a sweet visit, just between the two of us. Last time he had heard about my news was when I worked for MEMISA in Congo. He wanted to thank me for all the work I had done in the past not only for that region but also for the country. He also wanted me to know that he does carry me in his heart and that he always prays for me and my work. Furthermore, he wanted me to know that he is available if I ever needed him. This was the second time we ever met. Our time together was very moving that we both had tears in our eyes. We promised to commit to pray for each other no matter how far we live from each other and either we hear from each other or not.

- **Meeting with the National Senator/Tribal Chief Nzofu Shamandjil'**

In addition to the Ambassador, I took Maurice and Bastian with me to meet with Nzofu Shamandjil', National Senator and one of the two Tribal Chiefs of the region. Furthermore, he is also my uncle on my mother's side of the family. As it happens in Congo or elsewhere, these types of mixed relationships make it easy to discuss hard and sensitive issues. Our meeting focused on introducing him to the vision and dreams of Mama Makeka House of Hope, the need to promote economic development for the region, especially the urgency of officially reopening the Angolan border, and the communication issue.

He committed himself to working with national and provincial representatives, colleague senators, the Premier Minister, and the minister of interior to also make it their priority the opening of the Angolan border on the Kajiji side. He also promised to do everything within the limits of his sphere of influence to make sure that MMH Hope does not encounter any roadblocks in the accomplishment of its work in the region. He also promised to work with our team and other folks in Kinshasa in making sure that one of the communication agencies establishes a cell phone tower in Kajiji.

- **Kajiji Health Zone**

We found the Kajiji Health Zone Coordination office to be functional although it lacks support to allow staff to conduct regular monitoring, follow up, and supervision of the health zone activities. They have several motorcycles that were still working and one Toyota Land Cruiser that barely works.

Epidemiological data of the whole Health Zone and all the health centers are readily available. I was impressed about how current the data were for each health center. Our team found the data posted on the inside walls of each health center building.

The Health Zone team developed in 2009 a 64 page document describing its vision and future development of the Health Zone. I believe that any activity to be supported from the outside should take into account the work already done by this team. The document stresses the need for training in management of primary health care activities, nursing care, pharmacy, and other community development activities as well as equipping the different health centers with basic drugs, supplies, and equipment.

Socio-Demographic Data

The following is the general information regarding the Kajiji Health Zone. The document mentioned above also provides detailed socio-demographic and epidemiological information of the whole Health Zone for the past 5 years. In addition to the above document, data for the first semester of 2010 are presented on pages 17 and 18 of this report. Currently, the general data for the Health Zone are as follows:

	Men	Women	Total
Total Population served:	66,531	68,719	137,391 (2006)*
Population <5 years	12,470	13,012	25,482
Population 5 to 14 years	20,467	19,382	39,845
Population 15 to 49 years	28,057	30,362	58,419
Population 50 to 64 years	3,795	4,608	8,403
Population 65+	1,762	1,355	3,115
Floating population			1,847
Number of high school	20		
Number of primary schools	55		

Principle Ethnic groups Chokwe and Lunda representing 85% of population

Major religious groups: Protestants, Catholics, and Kimbangu

**Population projection: 139,610 in 2012and 152,555 in 2015.*

Health and Epidemiological Data

Number of Hospital	1
Number of health centers	19

Major causes of morbidity: malaria (45%); Anemia (10%); pulmonary infections; diarrhea (3.23%); malnutrition (2.28%).

Major causes of mortality: malaria; malnutrition; pulmonary infections, anemia, diarrhea
Other pathologies: STD, Konzo (seasonal – dry season); tuberculosis

Much progress has been made in the area of maternal and child health activities. The vaccination rate was high. With a little effort, organization, and support, the health zone can reach the maximum rate for many of the health centers.

Our team visited five health centers – Esengo near Kajiji, Kambangu, Mutetami, Shakalongo, and Tshangata. As already mentioned data for the first semester of 2010 for these Health Centers and the whole Health Zone can be found on pages 17 and 18. It was observed that these health centers had decent building infrastructure, however, they lack basic equipment, materials, and medicine. Some of the equipment have not been maintained or repaired for a while.

Water was a major problem for each one of them. It is possible that water problem was due to our visit being during the dry season. However, it was clear that maintaining the health center clean was a challenge because in most cases, villagers walk anywhere between 3 to 8 kilometers to access water.

Bastian, the photographer of the team took many pictures of each health center buildings, roads and bridges leading to the health centers, churches, and schools. He was also able to synchronize them with a GPS he carried with him. Synchronizing them with the GPS will help us develop a map of the health zone that will include all the infrastructures within each health center and then the whole health zone.

5. Final Debriefing in Kajiji

A meeting was organized on the last day with the Health Zone Team and the Kajiji leadership. The agenda for that meeting focused on expressing our gratitude to everyone for their support during our time spent in Kajiji, share with them our general observations and receive feedback regarding future direction for Kajiji. Several ideas were brought up regarding ways that MMH Hope and any other organizations could assist in improving the quality of lives of the population of the Kajiji region. Among them were the following:

- **Credit Union** – the discussion focused on exploring the possibility of reinforcing/rehabilitating the credit union that exists since the 80's.

- **Communication** - Continue dialogue about the communication issue with national cell phone companies and Kajiji natives now living in Kinshasa. A question regarding establishing an FM Community Radio Station was also raised by someone. Some communities in Congo have affiliate radio stations that broadcast for a limited geographic area that could actually be explored for this region. A couple Christian radio stations in Kinshasa could be contacted to explore this mode of communication.

- **Three wheelers from India** – It was a question of exploring the possibility of reinforcing the capacity of Motorcycle Transporters by making it possible for them to access the three wheelers made in India. This association expressed their desire to purchase especially three wheelers that can transport 3 to 6 people, 500 Kg of merchandise and 500 liters of oil, kerosene, gas or diesel.

  The representative at the meeting who is the president of the association shared about how they did not want handouts but someone to assist them access the three wheelers and they would pay on a monthly basis through the credit union especially when this later is reorganized. He also shared about how his group would work in collaboration with those working on developing and repairing roads.

- **Congo and Angola Border** – They expressed their desire to use Pakisa's relationship with the Senator, the ambassador, and other legislators that he knows in Kinshasa to continue discussion regarding lobbying for officially reopening the Congo-Angola border on the Kajiji side. Reopening the border would create many possibilities for economic development for the border region just like it had happened before – prior to Congo's independence until the late 60's.

- **Water Issues** – As noted in this report, the issue of cleanness at the health centers was discussed. "How can you keep the center or the hospital clean when you have difficulty accessing water," someone commented during the debriefing. The idea of drilling wells was discussed and I was encouraged to explore the possibility of assisting with the development of water drilling program for the whole health zone. It might be as simple as purchasing a portable trailer mounted water drilling rig and a 4X4 Land Cruiser to travel from health center to health center and village to village to drill wells and to establish water system with simple hand pumps, wind mills, or solar pumps. The technology already exists.

- **Equipping Health Centers** – The Health Zone leadership team expressed their desire to see MMH Hope to be involved or to lobby for assistance at the health center level starting even with 3 to 5 health centers. The issue of a lack of maintenance of the equipment that already exists was also discussed. There is a need to find someone who can train a local technician how to repair and maintain medical equipment for all the health centers and even for the general hospital.

- The team also expressed their gratitude for the support in medicine they are receiving from Mennonite Central Committee for the Kajiji hospital.

6. Debriefing with the Kinshasa Team

The meeting in Kinshasa was with Maurice and Serge. I also associated Dr. Bewa who is now the current Medical Director for MEMISA Belgium. I first thank Dr. Bewa for joining us as well as for making arrangement for a vehicle we used while in Kajiji. It was not a small thing because he arranged for someone he knew to send a vehicle from Kikwit (460 Km) to be available for our use while in Kajiji region. Regarding our meeting agenda, we discussed the following:

- **Kajiji Final Debriefing** – we reviewed together the different topics of the discussion in Kajiji. The team was interested in knowing my response to all those discussions. I first started by summarizing the Denver meeting and how those who attended had expressed their desire to know what folks in Kajiji consider as priorities for their community. The meetings in Kajiji gave us good material to work with. Out of those topics from Kajiji we will develop a strategic plan for our involvement as well as our lobbying strategies for this region. I promised to work with them as we develop the strategic plan. The plan will need to be approved by the board before anything can be implemented.

- **Maluku Center for Professional Resourcing** – We reviewed the plan for the first building. Dr. Bewa agreed to join the team in working on all the final details of the implementation phase. We agreed to develop a building committee. I will propose some names to the board before we make the list public.

  The question of the clinic was discussed again and Dr. Bewa agreed with the idea of Mama Makeka House of Hope to consider developing a clinic in Maluku. Dr. Bewa will work with a couple of his friends who are architects to propose a plan for a small clinic with a focus on primary health care for the area, reference laboratory, and maybe another specialty not found in Congo in general or Kinshasa in particular.

  The team raised the security issue for the property. We agreed that putting poles was not enough to guarantee the security of the property. More poles are needed as well as adding barbwire to connect the poles. Another idea agreed upon by everyone was to build a small house using wood

that is available in Maluku. We identified someone willing to live in Maluku once the house is built. I was asked to raise $7,500 to accomplish fencing and build the house with wood.

- **Finance** – The question of fundraising in the US was raised. One observation I made to the team was about how easy it is sometime to fundraise for specific projects than for personnel who are responsible for managing those projects. The planning process is also finished and that beginning of November was critical for energetic fundraising for our work in Congo. We also explored the possibility of fundraising in Congo through specific projects.

- **Next Visit to Congo** – We looked at the possibility of next visits to be in November 2010; March/April 2011; July/August 2011; November/December 2011. The next visit will also depend on the results of fundraising for the different projects that will be approved by the board in October 2010.

7. Rest and Final Debriefing in South Africa

In the past I had usually organized a stopover in Johannesburg, South Africa to give the chance to those traveling with me to Congo to rest, decompress and provide me with their initial feedback to what we saw, heard, touched, and smelled. In the past I had organized a one day visit in a park in Zimbabwe. For the past year or so, I made arrangements with Wild Wing Safari for a two nights and three days safari in Kruger Park which I found to be very restful for everyone before returning home. Our team was blessed to be able to see what is considered Africa Big Five during the first day drive in the park including seeing a leopard that is hard to find in most cases.

In terms of the visit to Congo, the following observations were made while in Kinshasa, Maluku, and Kajiji, while flying at 30,000 feet, in a Safari Van and Jeep, and around the table outside the bungalow in Kruger Park while eating breakfast or supper:

- **General Impression:** The team members of this trip did not know each other before traveling to Congo. The only connection they each had was Pakisa. Everybody was impressed about how we got along so well during the journey. There were no major health issues beside the chronic pain that a couple of team members tend to already suffer. Everyone shared about the level of generosity from people everywhere we went.

- **Opportunities:** The team members were impressed with the incredible opportunities everywhere we visited. I personally was impressed about the way they responded to different situations we encountered especially in Kajiji. Where I had people express a sense of hopelessness, I only heard about "what would happen if…" They were not naïve either. They did for instance observe the communication difficulty in Kajiji however they could also see from our visit that with a little effort even the communication issues could be dealt with. Agriculture, women activities, a large number of young people returning from Angola provides huge opportunities for Kajiji.

- **Health Centers Visited:**

  Everybody was impressed by the accessibility to health statistics for each health center. Some had good building but almost all of them lacked basic medicine and supplies. The issue of dust and lack of cleanness for the material was also raised. In addition to cleanness, our team also brought up the issue of repairing the equipment that already existed. It was suggested that maybe before providing them with new equipment, we should find someone to work with a local technician to

make an inventory of machines that need repairs then teach him how to repair and maintain them. Observations by one of the team members, Joanne Lepp who is a nurse by profession are included on page 19 of this report.

- **Administrative Organization in Kinshasa and Kajiji:**

  One question that we discussed for a long time was to know if it was not time for Mama Makeka House of Hope to now set up small but stronger administrative teams in Kajiji and Kinshasa. By doing so, we could have better monitoring of all the activities and programs being developed in Congo. I indicated to the team that it will be a subject of discussion during the next board meeting in relationship with the strategic plan for Kajiji and Maluku.

- **Mama Makeka House of Hope Beyond Pakisa:**

  "Don't you think that the next 'Pakisa' should have been next to you as we traveled and as you held what seemed like town hall meetings so he/she can start building on your relationships and strengths to assure the future of Mama Makeka House of Hope?" one team member asked me on our last morning as we ate breakfast in Kruger Park. I told him that it is a question that has been preoccupying me lately. I have some ideas I would like to discuss with our board.

8. Rest and Final Debriefing with Larry Miller in Frankfurt, Germany

With my physical condition and chronic pain that I tend to experience, I have made it a practice to break my travel into two eight to ten hour sections on my way to and from Congo. My regular stopovers are usually Frankfurt, London, Brussels, and Paris in Europe and Johannesburg and Nairobi in Africa. This time I spent one day resting to prevent swelling of my feet and one day meeting with Larry Miller, MWC General Secretary and his wife Eleanor.

Our meeting focused on follow up of the Service Consultation that was held in Addis Ababa several weeks earlier. We worked on follow up questions related to concept paper on healing and learning from memories, the composition of the Provisional Task Force for follow up of the Addis Ababa Global Anabaptist Service Consultation, and the upcoming meeting in Paraguay in January 2011. The meeting also provided a great opportunity for moral support for each other.

9. Conclusion and Another Reminder

As it always happens to me, the trip to Africa was very energizing. Ethiopia gave me the chance to participate and contribute to two ways that the Global Anabaptist family is forging for new and better future for its members. Nothing is more exciting than watching a group of people who have never worked together before develop such a positive attitude and a commitment to working together for the sakes of others. In Congo, I was finally able to focus in areas that will guide our involvement in the country for the next decade. It became clear that we do not have to reinvent the wheels. Many things are already happening and upon which we, as well as others could build upon with the goal of improving the quality of the lives of many.

As I started to finalize this report, I looked behind me and saw a piece of paper I had posted on the cupboard where I keep office supplies. It is a paper I discovered last year when we were cleaning many boxes with documents from my university era at Loma Linda University. Even as a Congolese, I was reminded once again through the paper about how careful I must be when visiting communities where I am no longer a resident. My adaptation of the paper is on page 15.

Thanks to all who continued to pray for us during this trip. It is good to know that we have a cloud of witnesses supporting us while others prefer to stay home because they live in fear of what might happen to them in foreign countries.

> *Therefore, since we are surrounded by such a great* ***cloud*** *of* ***witnesses****, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us.* Hebrews 12:1

“COMMUNITY SURVEYS SHOW WHAT OUTSIDERS NEED TO FIND OUT ABOUT WHAT INSIDERS OF A COMMUNITY ALREADY KNOW”

We the Specialists…

I’AM NOT SURE I AGREE!

Outside experts may need to start with a survey in order to find out what is going on in a village. But this does not mean it is appropriate to have local health workers start off this way.

We, the Community Residents…

WHAT WE ARE TRYING TO SAY IS THAT IF WE PEOPLE WERE REALLY INVOLVED IN PLANNING HEALTH ACTIVITIES IN OUR COMMUNITIES YOU’D FIND WE ALREADY HAVE MANY OF THE FACTS YOU OUTSIDERS GO TO SUCH PAIN TO GET…

Actually as we get to think about it…

…AND OFTEN THEY GET WRONG – BECAUSE WE’VE LEARNED TO KEEP THE MOST IMPORTANT THINGS TO OURSELVES!

Adapted by Pakisa but source of original text is unknown. Pakisa discovered the text from his old files of the late 70’s while he studied at Loma Linda University, School of Public Health.

Global Anabaptist Service Consultation
6-9 August 2010
Addis Ababa, Ethiopia

Agreed upon Next Steps

For the Authorizing Body for each participating entity

1. Each participating entity to recommend the Statement of Affirmation to its authorizing body for review/discussion and approval.

2. Each participating entity to report back to MWC on its decision, including feedback and comments, by the end of 2010.

For MWC as the facilitating organization

3. To accept the outcomes of this consultation, including the request that MWC be the facilitating organization.

4. To forward the Statement of Affirmation and the Agreed upon Next Steps document to each participating entity for the approval of their authorizing body by 1 September 2010.

5. To establish a task force to remain in place till May of 2012, when a further decision will be made.
   5.2. To develop the Terms of Reference of the task force by 30 September 2010.

   The Terms of Reference will include the following responsibilities:

   5.2.1. Prepare for the first meeting of the task force in conjunction with the MWC officers meeting in January of 2011.
   5.2.2. Review organizational relationships
   5.2.3. Develop communication strategies and plans to keep participating entities informed of progress.
   5.2.4. Prepare a data base of entity activity and information
   5.2.5. Map service entities and relationships
   5.2.6. Plan for beyond the provisional period

6. To facilitate a task force meeting in January 2011 in Asuncion Paraguay in conjunction with the MWC officers' meeting.

7. To select task force participants from one person per continental region, drawn from the entities participating in the consultation, and one appointment made by MWC. Strong preference is for persons who attended the consultation.
8. To pursue the possibility of inviting additional entities to join this developing entity.

9. To define the responsibilities of task force staff. MWC will negotiate with all participating entities to staff the work of the Task Force.

10. To establish a preliminary budget for the implementation of the next steps. MWC will negotiate with all participating entities to fund this budget.

Health Centers Visited in August 2010 - First Semester 2010 Data

Indicators	Esengo	Kambangu	Mutetami	Shakalongo	Tshangata	Kajiji HZ
Total population	7,581	5,836	6,539	8,980	6,164	131,596
Population 0 - 59 months	852	656	736	1,011	694	14,798
Population using curative services	1,573	873	858	1,442	739	20,880
Percent use of curative services	41.4	29.9	26.2	32.1	23.9	31.7
Children 0 - 11 mos.	152	117	131	180	123	2,632
Children 0 - 11 mos. vaccinated	127	95	89	129	73	1,816
Percent children 0-11 mos. vaccinated	83.6	81.2	67.9	71.7	59.3	69.0
Children expected - VPO1	132	102	114	157	108	2,296
Children vaccinated - VPO1	122	50	90	119	108	1,774
Percent children vaccinated - VPO1	92.4	49.0	78.9	75.8	100.0	77.3
Children expected - VPO3	132	102	114	157	108	2296
Children vaccinated - VPO3	103	48	85	112	98	1701
Percent children vaccinated VPO3	78.0	47.1	74.6	71.3	90.7	74.1
Children Expected - DTC1	132	102	114	157	108	2296
Children vaccinated - DTC1	116	49	86	104	108	1,689
Percent children vaccinated - DTC1	87.9	48.0	75.4	66.2	100.0	73.6
Children expected - DTC3	132	102	114	157	108	2296
Children vaccinated - DTC3	94	48	82	98	79	1,551
Percent vaccinated - DTC3	71.2	47.1	71.9	62.4	73.1	67.6
Children expected - VAR (Measles)	132	102	114	157	108	2296
Children vaccinated - VAR (Measles)	117	73	76	122	65	1,555
Percent children vaccinated – VAR	88.6	71.6	66.7	77.7	60.2	67.7
Children expected – VAA	132	102	114	157	108	2296
Children vaccinated – VAA	117	73	76	122	65	1,391
Percent vaccinated – VAA	88.6	71.6	66.7	77.7	60.2	60.6
Women expected VAT2	152	117	131	180	123	2,632
Women vaccinated VAT2	119	129	84	100	59	1,771
Percent vaccinated	78.3	110.3	64.1	55.6	48.0	67.3
Percent of Drop Out	19	2	4.7	5.8	26.9	7.7
Children expected - PSC (0-11)	152	117	131	180	123	2632
Children 0-11 mos. registered PSC	92	81	81	92	75	1,675
Percent children 0-11 mos. registered	60.5	69.2	61.8	51.1	61.0	63.6

Indicators	Esengo	Kambangu	Mutetami	Shakalongo	Tshangata	Kajiji HZ
General malnutrition	11	10	12	16	6	172
Moderate malnutrition	7	4	7	2	4	87
Severe malnutrition	4	3	1	0		55
Total malnutrition	22	17	20	18	10	314
Malnourished children rehabilitated	0	0	0	0	10	0
Malnutrition related death	3	0	0	0	0	8
Women having used at least 2 PNC	88	87	98	100	66	1,570
Percent utilization of PNC	57.9	74.4	74.8	55.6	53.7	59.7
Percent high risk pregnancy detected	1.4	1.3	0.8	0.8	0	1.7
Percent high risk pregnancy referred	1.4	1.3	0.8	0.8	0	1.7
Women having given birth at HC	108	71	61	68	49	1,257
Percent of women assisted	71.1	60.7	46.6	37.8	39.8	47.8
Pregnant women having died at HC						
Spontaneous abortion	8	0	0	0	0	18
Voluntary abortion	3	0	0	0	0	8
Total abortion	11	0	0	0	0	26
Number of cases of HIV/AIDS						
HC integrating ARVT						
Total at Voluntary Testing & Counsel.						
Total positive tests						
Percent positive tests						
Expected TB Cases	6	4	4	6	4	98
No of detected cases	6	3	3	5	3	75
Percent detection	100	75	75	83.3	75	76.5
Malaria	1,537	805	1,347	931	674	17,887
Severe malaria	136	147	156	57	52	2,595
Total malaria	1,673	952	1,503	988	726	20,482
Anemia						
Pulmonary infections						
Diarrhea						
Sexually Transmitted Infections	31	30	27	31	34	414
Konzo						
Women expected with mosquito nets						
Pregnant women with mosquito nets						
New acceptance of birth control	105	98	98	84	73	1,602
Number accepting Depo Provera						
Number accepting IUD	7					
Number accepting condoms	532	67	37	58	6	994

Response to Health Clinics visited in August 2010 by MMH Hope Team by - By Joanne Lepp

In visiting the clinics, it was obvious great care in planning, organizing and implementation has taken place. The health nurses, midwives and aids are Kajiji trained and displayed pride in their facility and work. Charts on the walls documented monthly statistics and posters were informative about diagnosis and treatment of infection, STDs, illnesses. Some very basic prenatal information was printed as well.

The main area of concern I saw in each facility was lack of hygiene demonstrated in absence of a basin of water or a bar of soap. At the very best facility, Esengo, a laboring patient was being assessed on a bed with dried body fluids. In each of the health clinics, the floors were in need of washing as well as the walls. There was a thick layer of dust on clinic supplies, as well as pharmaceutical. In general, the need for scrubbing was present at all the clinics even though a couple had been freshly painted.

At Shakalongo, bat feces on the floor and bats in the ceiling presented a problem. The doctor suggested they use nets to keep them from being able to enter from the outside mentioning the disease carrying capacity of the bats but there was a general acceptance of the problem.

At the Catholic health clinic, the midwives had a single forceps and scissor as equipment for delivery of a baby. When asked if it was sterilized between deliveries, they responded that often there wasn't time and the set of instruments would be used for 3 – 5 deliveries. The water supply at that clinic is 4K away. Each clinic had the forceps and scissor, as well as a little sterilizing unit while a couple had an external fetal doppler as well.

At the southern most health clinic, close to the Angolan border, the thick layer of dust had not been disturbed for some time on the clinic supplies. Pharmaceutical supplies were in disarray on the shelf, not even in the original containers with another layer of dust. The worker was pleased to point out the lab room and listed off a couple of tests they were capable of but then was embarrassed that they no longer had a microscope. . . so essentially, the lab was non-functional. Afterwards, when the young midwife was asked about the mortality rate she replied that sometimes it was as high as 30%.

At two of the clinics, there was a solar panel in sight that was no longer in use. There was no refrigeration for vaccines as the fridge boxes were no longer functional, without petrol or broken. All of the clinics mentioned that there was no light for births after sunset.

It is interesting that there are as many births at the health clinics monthly as at Kajiji hospital which appeared much better equipped, as well as better staffed. When asked if high risk patients were identified during pregnancy and sent to Kajiji for birth, they responded in the negative. Twins, grandmultips are delivered in the rural units and workers were surprised when asked whether they could wait in Kajiji village for delivery. When asked how they would be transported if labor became obstructed or life threatening, they replied that the woman would be transported by foot to Kajiji, clearly affecting survive.

Where Have All the Mothers Gone? - Stories of courage and hope during childbirth among the world's poorest women by M.D. Dr. Jean Chamberlain Froese and Cal Bombay (2004) mentions how improved sanitation and nutrition (such as increasing iron in diet to affect hemoglobin counts, influencing hemorrhage) can improve birth outcomes by health workers who teach and are trusted in the villages. Another observation I had of the children in the southern villages from Kajiji was that many had eye infections which teaching of cleanliness and early treatment would easily affect.

At Kajiji L'Hopital, the lab workers informed us that three hospital workers had been positively identified with HIV that week but there was no treatment available so generally testing is not done.